

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936131

FILING DATE

06 SEP 2001

APPLICANT(S)

Balacheff

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59	/					
10				/			60		/				
11				/			61		/				
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17			/				67						
18			/				68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25			/				75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32			/				82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38			/				88						
39							89						
40							90						
41				⓪			91						
42			/				92						
43			/				93						
44			/				94						
45				/			95						
46				/			96						
47				/			97						
48			/				98						
49				/			99						
50				/			100						
TOTAL IND.			10				TOTAL IND.	1					
TOTAL DEP.			38				TOTAL DEP.	10					
TOTAL CLAIMS			48				TOTAL CLAIMS	11					